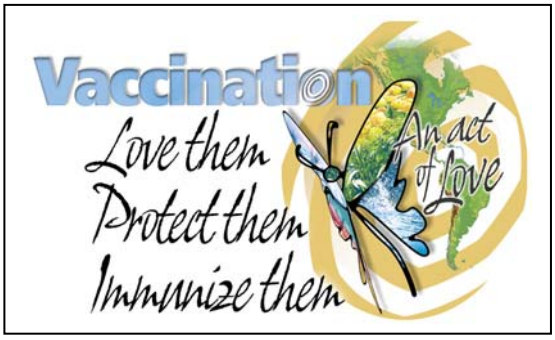
Pan American Health Organization
Regional Office of the World Health Organization

Immunization Unit
Family and Community Health Area

THIRD ANNUAL VACCINATION WEEK IN THE AMERICAS

(VWA 2005)

FINAL REPORT



24-30 April 2005

Background

Vaccination Week in the Americas (VWA) is an initiative originally proposed by the Ministers of Health of the Andean Region and supported by the Pan American Health Organization (PAHO). The fundamental principles sustaining VWA are equity, access, and Pan Americanism. VWA is meant to strengthen the regular vaccination program in each country, and to identify populations without access to immunization who are at most risk of contracting vaccine-preventable diseases. VWA is a valuable tool countries can use to prevent morbidity and mortality, while gathering political support for disease elimination. Immunization is a public regional good that will contribute to achieving the child mortality and maternal health Millennium Development Goals.

In 2003, nineteen countries joined the first VWA. More than 16 million children aged under five years and women of childbearing age (WCBAs) were vaccinated. In 2004, 23 countries participated in vaccination activities, while several others participated in awareness campaigns. Almost 44 million people were vaccinated. VWA contributed to the reduction of inequities by immunizing children and WCBAs who had not had previous access to vaccination. Five presidents participated in the launching, giving a high visibility and extraordinary support to VWA.

Planning for the third annual VWA started during the meeting of the Technical Advisory Group (TAG) on Vaccine-preventable Diseases, held in Mexico City in November 2004. Managers of the Expanded Program on Immunization (EPI) from the Region took this opportunity to draft country plans of action, which set goals and developed strategies against diseases such as polio, measles, rubella, diphtheria, tetanus, yellow fever, and influenza (Table 1).

Table 1. VWA 2005: Goals by Sub-region and Target Population

Sub-region	Target Population								Total
	<1 year	1-4 years	<5 years	>5 years	WCBAs	Other Adults	>60 years	Other at-risk*	
Andean Region	558,365	463,777	348,141		26,000			1,048,144	**2,444,427**
Brazil							15,581,260	17,471	**15,598,731**
Central America, Latin Caribbean	221,081	457,209	2,887,808	193,846	550,160			17,500	**4,327,604**
English-speaking Caribbean	20,459	74,412	57,956		489,512	491,004			**1,133,343**
Mexico			10,516,424		849,862				**11,366,286**
Southern Cone			2,741,894			3,577,800			**6,319,694**
TOTAL	**799,905**	**995,398**	**16,552,223**	**193,846**	**1,915,534**	**4,068,804**	**15,581,260**	**1,083,115**	**41,190,085**

* Includes indigenous populations

During the planning meeting, the main objectives and priorities were defined in order to target country efforts during VWA 2005 (Table 2).

Table 2. VWA 2005: Objectives and Priorities

Objectives	Priorities
• Vaccinate children <5 years of age and WCBAs with 0-dose or incomplete schedule; • Vaccinate other groups such as adults and people >60; • Maintain the region free of polio and measles; • Support the implementation of plans to eliminate rubella and congenital rubella syndrome; and • Strengthen epidemiological surveillance.	• Municipalities with low coverage; • Urban fringe areas, in particular those with poor peri-urban neighborhoods; • Border areas with high level of migration; • Indigenous groups; • Ethnic minorities; • Remote areas; and • Other populations, based on the priorities of each country.

VWA 2005: 24-30 April

VWA was regionally launched in Washington, D.C. on 25 April 2005, in the presence of representatives from countries such as Mexico, the United States, and Canada. Participants also included representatives from agencies such as United Nations Children's Fund (UNICEF), Organization of American States (OAS), Centers for Disease Control (CDC) of the United States, Public Health Agency of Canada, Sabin Vaccine Institute, National Institutes of Health, Johns Hopkins University, PATH's Rotavirus Vaccine Program, and March of Dimes. Speakers included Dr. Mirta Roses, PAHO Director; Dr. Richard H. Carmona, U.S. Surgeon General; Dr. Paul Gully, Deputy Chief Public Health Officer, Public Health Agency of Canada; Dr. Roberto Tapia Conyer, Vice Secretary of Health, Mexico; and Dr. Jon K. Andrus, Chief, PAHO Immunization Unit. In their remarks, they stressed the importance and timeliness of the VWA's impact on efforts to keep children, women, and men healthy, while maintaining the Region free of deadly, yet preventable diseases. National and international members of the press were also invited to the event.

Throughout the Americas, countries launched their own campaigns at official events attended by national and local leaders, ministers of health, first ladies, and representatives of international institutions. The presidents of Bolivia, Nicaragua, and Paraguay, and the First Ladies of Colombia and the Dominican Republic attended national and local launching events. Additionally, in the process of strengthening border activities, Paraguay placed vaccination posts along its border with Brazil and Argentina. Haiti and the Dominican Republic focused their launches in border provinces. Table 3 lists other launching events.

Table 3. Selected VWA 2005 Launching Events

Border Events	National/Local Events
Colombia - Venezuela	Municipality of Sumpango, Guatemala
Bolivia - Peru	Uitvlugt community, Suriname
Brazil - Colombia - Peru	St. John, Antigua
Nicaragua - Honduras	Asunción, Paraguay – Presidential Palace
Paraguay - Brazil	Pueblo Nuevo, Panama
Dominican Republic - Haiti	Usme, Bogota, Colombia
United States - Mexico	Santa Cruz, Bolivia
Colombia - Ecuador	

At the United States–Mexico border, a large awareness campaign targeted health practitioners and communities in four border states: Texas, California, New Mexico, and Arizona. Meetings and workshops were planned to discuss the benefits of vaccination and how important it is for children to be up-to-date with their vaccination schedules. VWA was the occasion to initiate a bi-national effort that includes two additional vaccination campaigns (in August and October) to encourage the completion of schedules. This bi-national effort was programmed to start at the same time as the U.S. National Infant Immunization Week and a few weeks before Mexico's National Health Week.

Strategic alliances were an essential element for organizing and implementing VWA 2005. PAHO, CDC, UNICEF, Head Start, country governments, the *Red de Municipios de Latinoamérica* (Latin American Municipality Network), and other regional, national, and local agencies joined forces to achieve the countries' goals and to achieve a higher visibility of the immunization program throughout the region.

VWA 2005 Results

Countries were asked to evaluate VWA results using previously defined indicators and were free to choose the indicators that would best fit their individual campaigns. These indicators included:

- Determining whether targets and goals were achieved (Table 1);
- Percentage of children aged 1-4 years with first, second, or third dose of DTP/Pentavalent (to measure zero-dose or schedules completed during VWA);
- Percentage of WCBAs who were vaccinated for the first time for Td in at-risk municipalities;
- Percentage of Rapid Coverage Monitoring (RCM) in which vaccination coverage for measles and rubella (MR) is less than 95%;
- Percentage of municipalities with follow-up plans to complete vaccination schedules after VWA;
- Number of suspected cases of measles/rubella and acute flaccid paralysis (AFP) under investigation that were identified during the active community-based surveillance and had been reported to the system; and
- Percentage of mothers who heard about vaccination activities in their communities.

During VWA 2005, over 38 million children, WCBAs, older adults, and other groups at-risk were vaccinated (Table 4), representing 92.7% of the initial goal (Table 1).

Table 4. VWA 2005: Number Vaccinated by Country and Age Group

Country	0-12 months[a]	1-4 years[b]	<5 years[c]	>5 years[d]	TOTAL CHILDREN	WCBAs§[e]	>60 years[f]	Adults[g]	Indigenous[h]	Other Risk Groups[i]	GRAND TOTAL
Argentina			1,963,718		1,963,718					528,862	2,492,580
Bahamas			1,054		1,054						1,054
Belize		8,637		786	9,423						9,423
Bolivia	86,889	66,314			153,203	222,475				380,258	755,936
Brazil							13,076,742		9,767		13,086,509
Canada*											
Colombia	240,527	102,452			342,979	372,103					715,082
Costa Rica			12,123	4,300	16,423						16,423
Cuba	126,709	274,986		139,900	541,595						541,595
Dominican Republic			1,001,166		1,001,166						1,001,166
Ecuador		22,004		109,473	131,477					173,735	305,212
El Salvador			32,737		32,737	27,280	9,087				69,104
Guatemala	244,967	163,817			408,784	113,818		14,024			536,626
Haiti			43,809		43,809	38,682					82,491
Honduras	165,222	708,132			873,354	9,949					883,303
Mexico**			10,321,345		10,321,345	834,245					11,155,590
Nicaragua			667,206	43,043	710,249	572,525					1,282,774
Panama	3,786	12,293			16,079	18,269		27,439			61,787
Paraguay				627,133	627,133			3,095,723			3,722,856
Peru	94,583	88,348			182,931					694,778	877,709
St. Kitts & Nevis								221			221
Suriname			37,729		37,729						37,729
Trinidad & Tobago			1,817		1,817	1,454				1,419	4,690
United States*											
Uruguay			9,401		9,401						9,401
Venezuela	146,988	47,543			194,531	26,843			15,989	286,301	523,664
TOTAL	**1,109,671**	**1,494,526**	**14,092,105**	**924,635**	**17,620,937**	**2,237,643**	**13,085,829**	**3,137,407**	**25,756**	**2,065,353**	**38,172,925**

* United States and Canada took part in VWA through immunization awareness campaigns.
** Mexico participated in VWA during its National Health Week in May.
[a] Vaccinated with Pentavalent, OPV, BCG, measles vaccine.
[b] Vaccinated with MMR, MR, yellow fever vaccine, OPV, Tetravalent, DTP/Pentavalent.
[c] Vaccinated with HepB, MR, DTP, Pentavalent, Hib, OPV, HepA.
[d] Vaccinated with MMR, MR, OPV, DTP, DT, yellow fever vaccine.
[e] Vaccinated with Td/TT.
[f] Vaccinated with influenza vaccine.
[g] Regular schedule- rubella in Paraguay.
[h] Regular schedule.
[i] Vaccinated against yellow fever.
§ Woman of Childbearing Age

Source: Country reports
Information updated as of 25 August 2005

Five countries reported the number of children 1-4 years of age or WCBAs with zero dose of Pentavalent or Td, respectively, who were vaccinated during VWA 2005 (Table 5). In these countries, over 48,000 children ages 1-4 were vaccinated for the first time with Pentavalent, and over 539,000 WCBAs were vaccinated with a first dose of Td.

Table 5. VWA 2005: Achievement of Indicators in Selected Countries

Country	RCM*	0-dose Pentavalent Children 1-4 years of age	0-dose Td in WCBAs**	Active case-finding for measles/ polio	% of municipalities with plans to complete series	Public Awareness: % of mothers aware of VWA
Colombia	58.3-100%		116,864	2 suspected measles cases		65% (38% heard of it by loudspeaker, 27.3% via radio, and 23.2% through health personnel) 73% identified it as a vaccination campaign, 15% as VWA
Guatemala		31,683	52,167			80% in 14 communities (trip report). Effective means of communication included loudspeaker, radio, and TV
Haiti		13,458 DTP				
Honduras	48% (0-100%)	516	9,949	1 suspected measles case***		93%
Mexico		2,859	357,301			
Panama	89.4-100%	258	3,544			
Paraguay	100%****				100%	
United States						56% Of these, 84% had heard about VWA. Schools, TV, and radio were the most popular media
TOTAL	48-100%	48,774	539,825	3 suspected measles cases	100%	Median = 72.5%

* RCM: Rapid Coverage Monitoring
** WCBA: Woman of Childbearing Age
*** Discovered during VWA and not previously notified to the system
**** RCM for accreditation of goal achievement by municipality

A median of 72.5% of mothers interviewed in four countries were aware of VWA activities, indicating remarkable coverage with social communication material prior to the campaign. Most countries in the Caribbean focused their efforts on informing the population through educational programs, radio and TV interviews, flyers, posters, and other informative materials.

Apart from vaccination activities, VWA was an opportunity to reach the population with other public health interventions. Some countries took advantage of this opportunity and offered Vitamin A, re-hydration salts, anti-parasitic drugs, and eye exams to detect retinoblastoma (Table 6).

Table 6. Vitamin A and Anti-parasitic Drug Administration During VWA 2005 in Selected Countries

Country	Vitamin A				Anti-parasitic Drugs
	<1 year	1-4 years	WCBAs*	Total	Total
Bolivia				138,393	
Guatemala	32,957	81,268		114,225	
Honduras	33,243	448,952	9,683	491,878	
Mexico				6,199,274	16,393,510
Nicaragua		786,233		786,233	1,301,639
TOTAL	66,200	1,316,453	9,683	7,730,003	17,695,149

* WCBA: Woman of Childbearing Age

Several thousand workers –vaccinators, supervisors, and other health personnel– were involved throughout the Region in order to achieve the VWA goals (Table 7).

Table 7. VWA 2005: Mobilization of Resources in Selected Countries

Countries	Workers	Vaccination Posts	Transportation
Bolivia	620 (La Paz and El Alto)	74 (Santa Cruz)	
Brazil	248,000	62,000	27,600
Colombia		12,000	
Dominican Republic	55,000	927	
Guatemala	17,616	5,872	
Haiti	>500 vaccinators		
Honduras		10,000	
Panama	16 supervisors		
Paraguay	20,000		
Peru	24,000	8,000	
Trinidad & Tobago	31		

Political Commitment

For the first time in its history, Guatemala introduced the Pentavalent vaccine, immunizing 55,000 children against five diseases with a single biological during VWA 2005. Paraguay conducted a vaccination campaign targeting over 3 million people and backed by a Presidential Decree asking for the elimination of rubella and congenital rubella syndrome. El Salvador worked on a critical vaccination law to ensure that vaccines remain a high priority on the country's political agenda. Bolivia, Ecuador, and Nicaragua continued to give priority to their vaccination efforts regardless of tense social and political conditions affecting them before and during the VWA.

Lessons Learned

Countries provided a summary of limitations encountered during the campaign. Recommendations were also made on how to improve future VWA efforts while strengthening the national immunization programs. These included:

- National and local level launchings have provided the critical political commitment for VWA and national immunization programs. These events are prioritized and become a part of every country's VWA plan of action.
- Coordination of border launchings activities has been an essential component in the success of VWA; it has helped establish relationships among local leaders and promoting Pan Americanism.
- VWA fosters a strong inter-agency cooperation that focuses on the financial and human resources support, as well as the information materials, necessary for the campaign.
- Many countries focused their efforts on reaching isolated populations, which promotes a greater awareness of local authorities and health workers towards groups who usually do not have regular access to public health services.
- Increased logistical support, human resources, and equipment are needed at the field level, such as gasoline, food per diem for workers, and transportation.
- Countries reported there are still lost opportunities in vaccinating children.
- Coordination with other health service institutions should include data-sharing and correcting denominators when calculating administrative coverage levels.
- Plans for the completion of vaccination schedules with two additional campaigns should be developed.
- Community personnel, particularly traditional birth assistants, health workers (i.e., *guardianes de la salud* in Guatemala), and facilitators, must continue its leading role in vaccination activities.
- Educational activities for community awareness should continue.
- Conducting RCM is essential to evaluating whether the system is identifying all suspected measles and rubella cases, and to complete vaccination schedules. More countries need to report on RCM results and plan additional campaigns to complete schedules.